

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS OOOO"

SECTION I: GENERAL INFORMATION

Stone Energy Corporation

Owner or Operator Name		Division of Air Quality ID Number (If Available)
6000 Hampton Center		
Street Address		
Morgantown	WV	26505
City	State	ZIP Code
David Lovett	LovettDA@StoneEnergy.com	304 225-1772
Facility Local Contact Name	E-Mail	Telephone Number
		02/19/2013
Signature		Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Route flowback gas to a completion combustion device | <input type="checkbox"/> Use on-site as a fuel source; |
| <input type="checkbox"/> Reinject into the well or another well | <input type="checkbox"/> Route flowback gas to a salable gas pipeline |
| <input type="checkbox"/> Other _____ | |

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-103-02720	Mills-Wetzel #4H	39.52770 80.67378	04/01/2013	02/22/2013
47-103-02721	Mills-Wetzel #5H	39.52767 80.67383	04/01/2013	02/22/2013
47-103-02722	Mills-Wetzel #6H	39.52773 80.67371	04/01/2013	02/22/2013
47-103-02723	Mills-Wetzel #7H	39.52776 80.67366	04/01/2013	02/22/2013

[Add rows to the table for additional wells, as necessary]